PRINTED: 01/21/2014 FORM APPROVED OMB NO. 0938-0391

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06			(X3) DATE SURVEY COMPLETED		
150045			B. WING			R 01/10/2014		
	NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			1	TREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST UBURN, IN 46706	1 017	10/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}			{K 0	00}				
	State Department of FCFR 483.70(a).	conducted by the Indiana Health in accordance with 42						
	Survey Date: 01/10/1 Facility Number: 005 Provider Number: 15 AIM Number: 100269	041 0045						
	Surveyors: Amy Kelle Specialist	ey, Life Safety Code						
	was found in complian Participation in Medic Subpart 483.70(a), Lit 2000 edition of the Na	de survey, Dekalb Health nce with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC).						
	in Auburn, IN (Building (Building 02), a Rehal addition (Building 03). Emergency Room and (Building 04), Butler O	prised of the main hospital g 01), a Surgical addition bilitation and Obstetrics, an Extension to the d a Radiology addition Clinic in Butler, IN (Building c in Garrett, IN (Building 06).						
	three story fully sprink (332) construction and smoke detection in the open to the corridors	building, Building 01, a klered building of Type I d a fire alarm system with e corridors and spaces was surveyed with Chapter are occupancies. Building						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	PLE CONSTRUCTION IG 01, 02, 03, 04, 05, 06	(X3) DATE SURVEY COMPLETED			
		150045	B. WING _		0.	1/10/2014	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROFILE (EACH DEFICIENCY MUST BE RECEDED BY FILL)				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	1 01/10/2014		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERS) CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
{K 000}	capacity of 47 and had of this survey. The 2008 Surgical as story fully sprinklered construction with a fidetection in the corricorridors was survey Health Care Occupa The 2001 Rehabilitat Building 03, a three sof Type I (332) const system with smoke of spaces open to the occupanter 19, Existing The 2011 Emergence extension, Building 0 sprinklered building with a fire alarm system the corridors and spawas surveyed with Occupancies. Butler Clinic, Building nonsprinklered buildiconstruction with a fidetection in the corrichapter 39, Existing Building 05 provides business hours. Garrett Clinic, Building nonsprinklered buildiconstruction with a fidetection in the corrichapter 39, Existing Building 05 provides business hours.	and a census of 11 at the time and a census of 12 at the time and a census of Type I (332) and a census of 13 at the time and a census of 12 at the time and a census of 12 at the time and a census of 12 at the time and a census of 11 at the time and a census of 13 at the time	{K 00				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06		(X3) DATE SURVEY COMPLETED	
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NAME OF D	DOVIDED OD SLIDDLIED	130043	B: 111110 -		STREET ADDRESS, CITY, STATE, ZIP CODE	01/	10/2014
DEKALB HEALTH (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			1	1316 E SEVENTH ST AUBURN, IN 46706			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	business hours. Quality Review by Rocode Specialist-Media A Post Survey Revisiconducted on 10/28/1 Recertification Survey through 07/11/13 was State Department of ICFR 483.70(a). Survey Date: 01/10/1 Facility Number: 005 Provider Number: 15 AIM Number: 100268 Surveyors: Amy Kelle Specialist At this PSR survey, Ecompliance with Required Medicare/Medicaid, 4 Life Safety from Fire: National Fire Protecti Life Safety Code (LSC Dekalb Health is comin Auburn, IN (Building 02), a Reha addition (Building 03) Emergency Room an (Building 04), Butler Cot), and Garrett Clinic The 2001 Rehabilitati Building 03, a three s	a health clinic during regular obert Booher, Life Safety cal Surveyor on 01/16/14. it (PSR) to the PSR 13 to the Life Safety Code y conducted on 07/09/13 is conducted by the Indiana Health in accordance with 42 14 041 0041 0045 9460A ey, Life Safety Code Dekalb Health was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C). prised of the main hospital g 01), a Surgical addition bilitation and Obstetrics	{K 0	000)			

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NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				1	TREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST AUBURN, IN 46706	<u> </u>	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	spaces open to the concomplete t	etection in the corridors and borridors was surveyed with Health Care Occupancies. It (PSR) to the PSR 3 to the Life Safety Code of conducted on 07/09/13 conducted by the Indiana Health in accordance with 42 death in accordance with 42 death in accordance with 42 death Health was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C). prised of the main hospital go 1), a Surgical addition bilitation and Obstetrics, an Extension to the da Radiology addition Clinic in Butler, IN (Building Coin, a one story	{K C	000}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06		(X3) DATE SURVEY COMPLETED	
			7 501251		,, 02, 00, 04, 00, 00		R
		150045	B. WING			01/	10/2014
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		•	13	TREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST UBURN, IN 46706			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Building 05 provides a health clinic during regular business hours. A Post Survey Revisit (PSR) to the PSR conducted on 10/28/13 to the Life Safety Code Recertification Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/10/14 Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A Surveyors: Amy Kelley, Life Safety Code Specialist At this PSR survey, Dekalb Health was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06). Garrett Clinic, Building 06, a one story nonsprinklered building of Type V (000) construction with a fire alarm system with smoke detection in the corridors was surveyed with Chapter 39, Existing Business Occupancies.		{K 0	00}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06			(X3) DATE SURVEY COMPLETED	
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		150045	B. WING			01/	10/2014	
DEKALB I	ROVIDER OR SUPPLIER			1:	TREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST UBURN, IN 46706			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000} {K 000}	Continued From page business hours. INITIAL COMMENTS		{K 0	-				
	Recertification Survey through 07/11/13 was	3 to the Life Safety Code y conducted on 07/09/13 s conducted by the Indiana Health in accordance with 42						
	Facility Number: 005 Provider Number: 15 AIM Number: 100269 Surveyors: Amy Kelle	041 0045 9460A						
	compliance with Requ Medicare/Medicaid, 4 Life Safety from Fire a	Dekalb Health was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C).						
	in Auburn, IN (Buildin (Building 02), a Reha addition (Building 03) Emergency Room an (Building 04), Butler 0	prised of the main hospital g 01), a Surgical addition bilitation and Obstetrics, an Extension to the d a Radiology addition Clinic in Butler, IN (Building c in Garrett, IN (Building 06).						
	story fully sprinklered construction with a fir	dition, Building 02, a three building of Type I (332) e alarm system with smoke lors and in spaces open to						

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		150045	B. WING			01/	10/2014
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST	•	
DEKALB HEALTH				AUBURN, IN 46706			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Health Care Occupar A Post Survey Revisiconducted on 10/28/1 Recertification Survey through 07/11/13 was State Department of ICFR 483.70(a). Survey Date: 01/10/1 Facility Number: 005 Provider Number: 15 AIM Number: 10026/3 Surveyors: Amy Kello Specialist At this PSR survey, Ecompliance with Requiver Medicare/Medicaid, 4 Life Safety from Fire: National Fire Protecti Life Safety Code (LSc Dekalb Health is comin Auburn, IN (Building 03) Emergency Room and (Building 04), Butler (05), and Garrett Clinic The 2011 Emergency extension, Building 04 sprinklered building 04 with a fire alarm systet the corridors and in s	veyed with Chapter 18, New ncies. it (PSR) to the PSR I3 to the Life Safety Code y conducted on 07/09/13 s conducted by the Indiana Health in accordance with 42 I4 I4 I6041 I60045 I9460A Iey, Life Safety Code Dekalb Health was found in uirements for Participation in I62 CFR Subpart 483.70(a), and the 2000 edition of the If on Association (NFPA) 101, C). Inprised of the main hospital g 01), a Surgical addition bilitation and Obstetrics y an Extension to the If a Radiology addition Clinic in Butler, IN (Building In Garrett, IN (Building In Garrett, IN (Building In Garrett, IN (Building In Garrett, IN (Building In Room In Inc.) In Room and Radiology In Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	{K C	000}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06		(X3) DATE SURVEY COMPLETED		
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NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST		
DEKALB HEALTH					AUBURN, IN 46706		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
		SC IDENTIFYING INFORMATION)			DEFICIENCY)	ATE	DATE